

AUTHORIZATION AND RELEASE

Re Application of:

(Name of Applicant)

TO WHOM IT MAY CONCERN:

I, _____, born at _____
(NAME) (CITY) (STATE)

having filed an application for admission to the bar of North Carolina, hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such information as may be received reported to the Board of Law Examiners of the State of North Carolina. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of my character report are privileged.

I hereby authorize and request every medical doctor, school official, and every other person, firm, officer, corporation, association, governmental agency, court, organization, consumer reporting agency, institution or any other person or entity having control of any documents, records or other information pertaining to me relevant to my good moral character and general fitness requisite for an attorney to furnish the originals or copies of any such documents, records and other information to the Board of Law Examiners of the State of North Carolina and to permit said Board or any of its representatives to inspect and make copies of any such documents, records and other information including but not limited to any and all medical reports, laboratory reports, X-rays, or clinical abstracts which may have been made or prepared pursuant to, or in connection with, any examination or examinations, consultation or consultations, test or tests, evaluation or evaluations, of the undersigned.

I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by the Board of Law Examiners of the State of North Carolina or its authorized representative, and to appear before said Board, or its authorized representative, and to give full and complete testimony concerning the undersigned, including any information furnished by the undersigned. I hereby relinquish any and all rights to said reports, applications, including but not limited to clinical abstracts, consultations, evaluations, or any other information incident in any way to cooperation with the Board of Law Examiners of the State of North Carolina or its authorized representative, and fully understand that I shall not be entitled to have disclosed to me the contents of any of the foregoing.

I hereby authorize and request every person, firm, company, corporation, consumer reporting agency, governmental agency, court, association or institution or any other person or entity having control of any documents, records and any other information pertaining to me, to furnish to the Board of Law Examiners of the State of North Carolina any information, including documents, records, consumer reporting agency credit history reports, bar applications for admissions, bar association files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board of Law Examiners of the State of North Carolina or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I hereby release, discharge, exonerate the Board of Law Examiners of the State of North Carolina or any of its agents or representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, bar applications, and other information or the investigation made by the Board of Law Examiners of the State of North Carolina.

I hereby release and exonerate every medical doctor, school official, government agency, court, and every other person, firm, officer, corporation, association, organization, institution or entity which shall comply in good faith with the authorization and release made herein from any and all liability of every nature and kind growing out of or in anywise pertaining to the furnishing or inspection of such documents, records and other information or the investigation made by the Board of Law Examiners of the State of North Carolina. The undersigned further waives absolutely any privilege this applicant may have relevant to this applicant's good moral character and general fitness required for an attorney under North Carolina laws.

I understand that the investigation process requires that the Board of Law Examiners of the State of North Carolina receive and release my social security account number for the purpose of assessing or verifying information pertinent to this investigation and character report, and I authorize such receipt or release.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

State of _____,

County of _____

Signature of Applicant

Subscribed and sworn to before me this

_____ day of _____, _____.

Notary Public

My Commission Expires: _____